## BEST AVAILABLE COPY

								Application or Docket Number					
	PATENT	ORD	)	09/220,986									
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_			ENTITY	OR		R THAN ENTITY
FOR			UMBER FILED	-	NUMBER EXTRA			RATI	E	FEE	7	RATE	FEE
BASIC FEE										380.00	OF		760.00
TOTAL CLAIMS			20 minu	s 20=	•			X\$ 9-	-		OR	X\$18=	
INDEPENDENT CLAIMS			<u> </u>	ıs 3 =	• 3			X39= /17		117	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130-		7.	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						i	TOTA		497	OR	TOTAL		
$\mathcal{C}$	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	, Le	NTITY	OR	OTHER SMALL	
AMENDMENTA		CLAIM REMAIN AFTE AMENDM	ING R	Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		:RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 5	Minus		20 .	•	_ [	X\$ 9=			OR	X\$18=	
	Independent	NTATION (	Minus  OF MULTIPLE DE	DENI	_0	•		X39=			OR	X78=	
	11101111202	311711011	or MOCHIFEE DE		DENT COOM			+130=			OR	+260=	
							L	TOTA			OR	TOTAL ADDIT, FEE	
(	7-23-04	(Column	11}	(C	olumn 2)	(Column 3)	*,*						
AMENDMENT B		CLAIM REMAINI AFTEI AMENDM	S ING R	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 29	Minus	**	20	- 9		X\$ 9=	T,	81.00	OR	X\$18=	
	Independent	* 9	Minus OF MULTIPLE DE	PEND	(12	= 2		x35=		86.00	OR	X78=	
								+130=	T		OR	+260=	
							Af	TOTAL			OR ,	TOTAL ADDIT, FEE	
		(Column	1)	(C	olumn 2)	(Column 3)					•	001 1 C.C.	
AMENDMENT C		CLAIMS REMAINI AFTER AMENDMI	NG	PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus			=	Γ	X\$ 9=	T		OR	X\$18=	
	Independent	*	Minus			=	r	X39=	T		ł	X78=	——
1	FIRST PRESE	NTATION C	OF MULTIPLE DE	PEND	ENT CLAIM		$\vdash$	+130=	+		OR		
- H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=	
- 11	the "Highest Nur I the "Highest Nur	mber Previou	sly Paid For IN TH Isly Paid For IN TH	IS SPA	CE is less than CE is less than	n 20, enter "20." n 3, enter "3."		TOTAL ODIT. FEE	L			TOTAL DOIT, FEE	
1	ne "rignest Num	DOF PTOVIQUE	ly Paid For (Total o	or Indep	rendent) is the	nignest number	lound	o in the a	ppro	priete box	in colu	mn 1.	į